## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/531428

| CLAIMS AS FILED - PART I  |  |   |   |   |                                       |   | SMALL ENTITY        |                        |    | OTHER THAN<br>OR SMALL ENTITY |                        |
|---|--|---|---|---|---------------------------------------|---|---------------------|------------------------|----|-------------------------------|------------------------|
|   |  |   | (Column 1)  | )   | (Column 2)                            |   | TYPE                | اتنا                   | OR | SMALL                         | NTITY                  |
| U.S. NATIONAL STAGE FEES  |  |   | 8   |   |                                       |   | RATE                | FEE                    | ·  | RATE                          | FEE                    |
| BASIC FEE   |  |   | SMALL ENT. = \$   | 150 LAI                                     | RGE ÉNT. = \$ 300                     |   | BASIC FEE           |                        | OR | BASIC FEE                     | 300                    |
| EXAMINATION FEE   |  |   | Satisfies PCT Article (4) = \$50/\$                         |   | other situations =<br>\$ 100 / \$ 200 |   | EXAM. FEE           |                        |    | EXAM. FEE                     | 200                    |
| SEARCH FEE  |  |   | U.S. is ISA = \$ 50<br>ALL other countri<br>\$ 200 / \$ 400 | es = All                                    | other situations =<br>\$ 250 / \$ 500 |   | SEARCH FEE          |                        |    | SEARCH FEE                    | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | . minus   | 100 =                                       | /50=                                  | 1 | X \$ 125 =          |                        |    | X \$ 250 =                    |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 8 minus 20 = .  |   |                                       | 1 | X \$ 25 =           |                        | OR | X \$ 50 =                     |                        |
| INDEPENDENT CLAIMS  |  |   | . a minu  | 16 3 = .                                    |                                       |   | X \$ 100 =          |                        | OR | X \$ 200 =                    |                        |
| MUL   | TIPLE DEPENI                                   | DENT CLAIM PRE                            | ESENT   |   |                                       | ] | + \$ 180 =          | •                      | OR | + \$ 360 =                    |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |   |   |                                       |   | TOTAL               |                        | OR | TOTAL                         | 900                    |
| CLAIMS AS AMENDED - PART II  4/12/36 (Column 1) (Column 2) (Column 3)   |  |   |   |   |                                       |   | SMALL ENTITY        |                        | OR | OTHER THAN<br>SMALL ENTITY    |                        |
| AMENDIMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA                      |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 8                                       | Minus **  | 20  | =                                     | ] | X \$ 25 =           |                        | OR | X \$ 50 =                     |                        |
|   | Independent                                    | • 2                                       | Minus **  | * ع   | <b>a</b> .                            |   | X \$ 100-           |                        | OR | X \$ 200 =                    |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |   |                                       |   | + \$ 180 =          |                        | QR | + \$ 360 =                    |                        |
|   |  |   |   |   |                                       |   | TOTAL ADDIT.<br>FEE |                        | OR | FOTAL ADDIT.                  |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |   |   |                                       |   |                     |                        |    |                               |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT EXTRA                         |   | RATE .              | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus **  | •   | =                                     |   | X \$ 25 =           |                        | OR | X \$ 50 =                     |                        |
|   | independent                                    | •   | Minus **  | *   | =                                     |   | X \$ 100 =          |                        | OR | X \$ 200 =                    |                        |
|   | FIRST PRES                                     | ENTATION OF M                             | ULTIPLE DEPEN   | DENT CLAIM                                  | 4 🗆                                   |   | + \$ 180 =          |                        | OR | + \$ 360 =                    | ·                      |
| TOTAL ADE<br>FEE  |  |   |   |   |                                       |   |                     |                        | OR | TOTAL ADDIT.<br>FEE           |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |   |   |                                       |   |                     |                        |    |                               |                        |